



Office of the
Board of Health
718 Main Street
Fitchburg, Massachusetts
(978) 345-9582

LODGING HOUSE/HOTEL LICENSE APPLICATION

Fee: \$ 50.00

Date: _____

The undersigned respectfully makes application for the lodging house as follows:

1. Name of Applicant (printed) : _____ Phone No. _____

Home Address: _____

2. State whether Individual, Partnership or Corporation: _____

3. Partnership Name: _____ Phone No. _____

Address: _____

4. Corporation Name: _____ Phone No. _____

Address: _____

5. Location of Establishment and brief description of the facility: _____

6. Number of Rooms: _____ Number of Floors: _____ Number of Lodgers: _____

7. Manager's Name: _____ Phone No. _____

Home Address: _____

8. Applicant's Signature: _____

(office use only)

Date of Inspection: _____

Date of Issuance: _____

License No. _____